**Texas Circulation Management Association**
**c/o J W Smith, Secretary/Treasurer**
**PO Box 90490**
**Houston, Texas 77290**
**FED Tax ID 75-1943537**
**Phone: 713 362 5567 · Fax: 713 354 3099 · e-mail tcma@texascma.org**

## Regular Membership Application (2009)

**Date: _____**

**$50.00 Calendar Year**

****INTERNET****

**Article III. Section 2. Regular Members** . Any person who is in charge of the circulation department, or a principal division thereof, of a newspaper published in Texas or affiliated with the Texas Daily Newspaper Association, which is sold for a price is eligible to become a regular member.

## Applicant Information

(Please print or type)

Name _____
First Initial Last

Title _____

Newspaper _____

Address_____

City_____ County _____ST _____ZIP_____

Telephone (____) _____ Fax (____) _____

E-mail _____

Recommended by_____

I hereby apply for membership to the TEXAS CIRCULATION MANAGEMENT ASSOCIATION (TCMA). I agree that, if accepted, I will abide by the Constitution and By -laws of the TCMA and that I will conduct my business and social affairs in a manner that will not reflect adversely on th e good reputation of TCMA and its membership.

Signature: _____

## Management Verification

I certify that _____ is employed by this newspaper as the circulation manager or as the person in charge of a major division in the circulation department.

Signature: _____ Date: _____

Title: _____Newspaper: _____

**Reset**

***Send your complete d application with your membership dues payment to the address above. You will receive a certificate of membership and the latest newsletter upon receipt of your application. Annual renewal notices are sent by US Mail each November in accordance with the TCMA By-Laws.***